

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

ELECTION DEPT SOMERVILLE. MA

Fil	e	with

M.G.L. c. 55.

Treasurer's signature (in ink)

City or Town Clerk or Election Commission

Please print or type all information, except signatures.

2012 JAN 18 P 1:46

Date

Fill in dates: Reporting Period Beginning OCIOBER 22 2011 Ending DECOYBER 3 2011
Type of report: (Check one) □8th day preceding preliminary □8th day preceding election □30 day after election □year-end report □dissolution
MARK NIEDER (I. ANG.) Full Name of Candidate (if applicable) SCHOOL COMMITTEE WARD 5 Office Sought and District 29 CONWELL 57. Residential Address A 02143 SOMERVILLE MA 02143 (617) 629-8033 Tel. No. (optional) Committee to Elect MARK NIEDER Committee Name CESAR URRUNACA Name of Committee Treasurer 29 CONWELL 57. Committee Mailing Address A 02143 (617) 629-8033 Tel. No. (optional)
SUMMARY BALANCE INFORMATION: Line 1: Ending balance from previous report Line 2: Total receipts this period (page 2, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 3, line 14) Line 5: Ending balance (line 3 minus line 4) Summary BALANCE INFORMATION: \$ 6,973.07 \$ 697.07 \$ 6,967.07
Line 6: Total in-kind contributions this period (page 4) \$
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of

FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

Signed under the penalties of perjury:

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Affidavit of Candidate: (check 1 box only)
Candidate with Committee and no activity independent of the committee
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all
campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I
have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.
Conditate without Committee OR Candidate with independent activity filing separate report
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all
compagn finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period
and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements or
M.G.L. c. 55.
M.G.L. c. 55. Might Meslergar / 1/6/12
Candidate signature (in ink)

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page number on each page.

Date Received	Name and Residential Address (alphabetical listing required)		ount	Occupation & Employer (for contributions of \$200 or more	
		·			
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		1			
·			\ X) • · · · · · · · · · · · · · · · · · ·	
		2 1 2 2			
* * *					
	otal receipts in excess of \$50 (or listed above)		;		
	otal receipts \$50 and under* (not listed above) OTAL RECEIPTS IN THE PERIOD		_	Enter on page 1, line 2	

^{*} If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	An	nount
		4	f		
				National Artists	
					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
and the state of t	and principles and the second				
			xpenditures over \$250		
Ei	nter on page 1, line 4	 	kpenditures \$5 10 d under* OTAL EXPENDITURES	104	00 00

^{*}If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above. Page 3

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and unclummay be added together from the committee's records and included in line 16.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
			A C	
		1 700		
		affaction		
	Get			
		Line 15:	In-kind over \$50	
		Line 16:	In-kind \$50 and under	
	Enter on page 1, line 6	Line 17:	Total In-kind	

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor; occupation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date	To Whom Due	Address Purpose	Amount
Incurred		NOOR	
	he		
	J		
	Enter on page 1, line 7	Line 18: OUTSTANDING LIABILITIES (ALL)	

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

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SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16.

Date Received	From Whom Received*	Residential Address Description of Contribution	Value
		Line 15: In-kind over \$50	
		Line 16: In-kind \$50 and under	
	Enter on page 1, line 6	Line 17: Total In-kind	0

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
11/17/05	MARK NIEDERGANG	29 CONWELL ST. SOMERVILLEMADING	CAMPAIGN FUND	\$2,000
6/1/06		*		\$1,000
9/29/06		"	"	\$ 500
1/11/08	, ,	'		# 500
2/12/08	u u	<i>H</i>	*	\$ 500
4/23/08	. 1/		"	\$ 500
	Enter on page 1, line 7	Line 18: OUTSTANDING		\$5,000

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

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